

## EMPLOYER CONTACT RECORD

State of Kansas DCF  
Economic and Employment Services

ES- 4306  
07-13

**Name:** \_\_\_\_\_ **Case #** \_\_\_\_\_ **Number of contacts due:** \_\_\_\_\_ **Number of hours due:** \_\_\_\_\_

**New Applicant:** Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes see italicized section below* **Contacts made:** \_\_\_\_\_ **Hours achieved:** \_\_\_\_\_

**Case worker:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_ **Due date of contact record:** \_\_\_\_\_

Use this form to keep track of your job search contacts and activities. Report the time you spend filling out applications, dropping off applications, doing interviews, applying for jobs, working on your resume, networking, meeting with a job coach, attending job-searching workshops, etc. ( ask your worker if you are unsure an activity may be counted towards your job-searching hours). Your contacts will be verified by your case worker. Attach a confirmation sheet for each on-line application and a transmission sheet for each fax application. Let your worker know if you are using personal or public transportation or if you need additional support services. You must let your worker know if you are offered a job or if you accept a job. Return this by the due date above.

	Contact Date	Employer Name & Address	Contact Person & Telephone Number	Application type			Time spent on Application				Agency verification
				Fax/Mail	On-line	In person	15 m	30 m	45m	1hr	
1											
2											
3											
4											
5											
6											
7											

	Contact Date	Employer Name & Address	Contact Person & Telephone Number	Application type			Time spent on Application				Agency verification
				Fax/Mail	On-line	In person	15 m	30 m	45m	1hr	
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
<b>TOTAL</b>											

*I understand that failure to complete work search requirements without good cause shall result in termination of cash and/or food assistance benefits for me and/or my entire household. My signature below certifies the information on this form is correct to the best of my knowledge.*

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_